

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Growth and Prosperity Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Bilbray for Congress

Mailing Address 2466 UNICORNIO ST

City Carlsbad State CA Zip Code 92009-

Purpose of Disbursement
Contribution

Candidate Name
BRIAN PHILLIP BILBRAY

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 49

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
other special

Transaction ID: 60616.E478

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 60612.E461

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Shelley Moore Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339-1519

Purpose of Disbursement
Contribution

Candidate Name
SHELLEY MOORE CAPITO

Office Sought: ☒ House
☐ Senate
☐ President

State: WV District: 02

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 60612.E463

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)